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POISONING BY ARSENIC.

[Communicated for the Boston Medical and Surgical Journal.]

IN examining the Medico-Chirurgical Review from 1828 to 1841, we find 33 cases of *poisoning by arsenic*, 11 of which died; viz.,

		Recovered.	Died.	Length of time to death.
Accidental	25	20	5	from 36 hours to 28 days.
Suicide	5	2	3	{ in 17 hours, dead
				{ in 15 hours, "
				{ in 9 hours, "
Murder	3		3	{ in 7 hours, "
				{ in 8 hours, "
				{ time not remembered.
	33	22	11	

Of the three murders committed, two were by females. The one of which so little is known was, I think, committed by the mate of a vessel on a man on board, with whom he had a quarrel. Of the five suicides, four were females, and one a male, who was so excessively frightened the moment he had taken the poison, that he applied immediately for relief, and recovered. "This is probably owing to the fact that females poison, and men shoot or stab."

Accidental Poisoning.—The longest period of sickness, and the shortest, occurred in one family. We give it in the words of Dr. Johnson, as he copied it from the Journ. Univ. et Heb., published 1832. "M. and M^{me} Caillette, having eaten some *bouilli* and other meats at dinner, were seized, two hours after, with sickness and vomiting, which, however, by degrees ceased, and did not again return till next morning. Purging now supervened, and the stools were inodorous and unhealthy. On the following day, the vomiting was attended with much anxiety and great prostration of strength, and a sensation of tightness at the throat.

"The day after the above patients were seized, a domestic, who had also eaten of the *bouilli*, became dangerously ill, with extreme exhaustion—feeble, whispering voice—pulse scarcely to be felt—involuntary twitchings of the muscles—vomiting and painful purging. She died thirty-six hours after seizure. Also a beggar, who had applied to the first patients for charity, had received some of the *bouilli*, which he voraciously devoured. Soon afterwards violent vomiting and purging, extreme thirst, and universal tremors, came on, and were succeeded by a state of coma. He,

however, slowly recovered; but not so M. and M^{me} Caillette, who lingered, the former for thirteen days, the latter for four weeks. Before death, they both suffered much, from a sense of burning in the throat, dysphagia, fever, aphthous ulcerations on the mouth and tongue, and a remarkable insensibility in the hands and feet; in short, the symptoms of chronic gastro-enteritis. Dissection revealed nearly the same appearances in all three, viz., marks of vivid inflammation in the stomach and duodenum, and a morbid development of the glandulæ Peyer and Brunneri in the ileum.

"Of the two medical attendants, one suspected that poison had been swallowed, the other referred the disease to a choleroïd diathesis. Some of the ejected matters, and also the stomachs of the deceased, were sent to Orfila for examination, and the presence of arsenic was speedily detected by him in the vomitings of the domestic, but not in those of the master and mistress. This is not surprising if we consider the lapse of time between the seizure and death. It is to be remarked that a packet of arsenic was afterwards found in the house of Caillette, and it is supposed that it had been used for salting meat."

Another fatal case of accidental poisoning occurred in St. George's Hospital. The subject, B. Collins, aged 63, by occupation a smith, was admitted under the care of Mr. Brodie (now Sir Benjamin) August 27, 1828, for cancer of the tongue of eight months' standing, confined to the left half of the organ, which was firmly fixed within the teeth, greatly hardened, and ulcerated deep enough to receive the extremity of the thumb; glands on the left side, beneath the jaw, enlarged, one or more ulcerated; on right side of neck enlarged also; salivary; flow of saliva prevented much sleep; appetite not much impaired, but nothing save liquids could be swallowed; tongue could not be protruded. The whole case presented a hopeless and pitiable picture of scirrhus of the tongue. No remedy had in the least retarded its progress—and as diseases of the tongue occasionally yield to the powers of arsenic, Mr. Brodie decided to give it a trial, and directed at first a small dose (five drops three times a day, to be gradually increased) of the liquor potas. arsenitis. At the end of eight days the patient had taken one hundred and fifty drops, containing but one and one quarter of a grain of arsenic. The medicine was then discontinued; the patient died six days after.

Dissection.—The left half of the tongue was eaten away by ulceration; a section of the tongue discovered a scirrhus tubercle imbedded in its right side, though the part appeared sound externally; the soft palate was ulcerated, and the parts in the neighborhood were greatly inflamed. The mucous membrane of the stomach was a little inflamed, and its rugæ blackened, &c.

Mr. Brodie remarked in the dead-house, and the remark was concurred in, that the death of the patient would appear to be immediately owing to the remedy, rather than the original disease. It is true that the quantity taken was small, *one and one quarter grain in substance*, but then it should be remembered, the patient was prevented from taking solid nourishment, and labored under spontaneous salivation at the time—circumstances calculated to favor absorption. It is known that salivation is not

an unfrequent consequence of poisoning by arsenic. In this case the salivation which previously existed was certainly increased. It is probable that this unfortunate event saved the poor man from weeks or even months of disgusting and irremediable misery.—*Med.-Chi. Rev.*, Vol X., p. 170.

Poisoning by the Fumes of Arsenic.—This man, a manufacturer of the blue pigment used in painting China, and his servant, were engaged in boiling a mixture of nitric acid, of cobalt, and of arsenic. All of a sudden the matrrass burst with an explosion, and the room was filled with the fumes of arsenic (cobalt being arsenic in another form). The servant leaped out at the window, and thus saved himself; his master was less fortunate—he was knocked down and found himself incapable of rising; he lay on the floor till the servant returned by the door to drag him out. After eight days of most severe suffering, he died; his body had become enormously swollen. This was the case with the servant also, but in a less degree. The third day after his admission to the Hotel Dieu, he passed a large quantity of fetid gas from his bowels; the tympanitis was gone, and he experienced immediate comfort. He soon left the Hospital, well.

The cases of suicide were five; of these, three died and two recovered. They all acknowledged the deed shortly after having taken the poison, and voluntarily or by their friends applied for medical aid. One, a girl, aged 25, took about forty grains of solid arsenic, and died in fifteen hours. A little of the solid arsenic was found on the mucous membrane of the stomach. Another, aged 22, took, it was reported, an ounce; an hour after, was made to vomit freely; had violent diarrhœa, prostration, coma, and cramps in the legs; died in seventeen hours after taking the poison. In this case there was no thirst; in the other, unabated thirst. In this case great diarrhœa, and none mentioned in the other. In this case the mucous membrane was ulcerated; in the other it was thickened, three quarters of an inch in some places, and surrounded by a dark margin of extravasated blood. In this case no arsenic was found; in the other, some little grains of arsenic were found imbedded in the mucous membrane, and in this case not a trace of arsenic was discoverable in the highly inflamed stomach and intestines, but arsenic was detected in the matters vomited. This patient took an ounce, the other forty grains. This one lived seventeen hours, with violent diarrhœa; the other fifteen hours, without any diarrhœa. The post-mortem took place twenty-six hours after death, in this case; the time not stated in the case where the patient took forty grains.

One other of the suicides took an ounce, and died in nine hours; it is not stated that any was found in the stomach, which was much inflamed and a portion of the mucous membrane removed, probably by the tube of the stomach pump.

The two that recovered were treated with hydrated peroxid of iron; one of them took a drachm and a half of arsenic. The other, a female, who had been long drooping from severe chagrin, took about one drachm, just after dinner, fortunately on a full stomach; one hour after taking it she began to vomit violently, and it is probable a considerable part of the poison was ejected from the stomach with the food. Dr. Deville was sent for, and suspecting poison, which she confessed, treated her to one half

pound of hydrated peroxid of iron. Five hours elapsed from the time of taking the poison before the remedy was procured from the chemist; in the mean time the abdomen was leeches and a large poultice applied. In three or four hours after the iron was given, she began to mend, and ultimately recovered.

The cases of murder are similar in this point, that they were perpetrated by their attendants; two of the murderers were females, the sex of the other not stated. These cases are similar in another point—all three were buried without suspicion of poison. The first case was disinterred fourteen months after death; it occurred in Bristol, Eng., 1834; published in 1835 in the *Med.-Chirurg. Review*, Vol. XXII., page 463.

"Clara Ann Smith, a lady of penurious habits, had accumulated some money; went to lodge with Mrs. Burdoe, Trinity st. Bristol. Having taken cold, she was attended by a little girl, who in the end turned out to be a very material witness. During the old lady's illness, her landlady, Mrs. B., administered to her a basin of gruel, which the girl observed to be of a brownish color; soon after taking which she vomited, had dreadful pains, and died in the course of the night, without medical advice; she was privately interred, unknown to her relatives. Fourteen months after, suspicions were excited, and the magistrates ordered exhumation and chemical analysis. Dr. Henry Riley made the post-mortem, and Wm. Hera-path, lecturer on chemistry at the medical school, Bristol, undertook the chemical analysis, which he performed very ably." The manner in which the whole investigation was conducted, reflects great credit on the professional gentlemen concerned, and I would refer to it as a model case, to be read by every medical man and coroner in the land. "The stomach contained half a drachm of orpiment (sulphuret of arsenic), one hundred parts of which consist of ninety-four parts of arsenic and six of sulphur. The body was well preserved; there was considerable water in the grave, which covered part of the breast, the abdomen and the whole of the legs and arms. The parts beneath the water were turned into adipocere. In separating the small intestines from the duodenum, they noticed a considerable quantity of a yellow substance, covering the mucous membrane of the latter, and were surprised to find that the whole of this canal presented an extraordinary degree of firmness, and was slightly decomposed; it was as firm as that of persons who die in an ordinary way, and who have been dead but a few days; the liver had shrunk to a fourth or fifth of its natural size, not thicker than his hand. The result was, the jury agreed upon the verdict of guilty, and Mrs. Burdoe was executed."

"The second case of murder occurred on the Continent; three months after interment, suspicion arose from some cause, exhumation followed, and Orfila detected arsenic." Johnson does not give further particulars.

"The third case was examined by Orfila, three years after death, with the same result. The woman, La Mothee, was to be universal legatee to the deceased. She died suddenly; public rumor gave the alarm of poison, but the authorities took no steps, although she was known to have arsenic in her possession. Three years after, she became so notoriously bad, that the magistrates caused the body of Madame Chevalier to be disinterred, and the great toxicologist found arsenic very readily. Trial fol-

lowed, and the Court of Assizes, March 17th, 1837, at once condemned her to perpetual imprisonment, just three years and a half after the deed. The amount of arsenic found, not stated."

Dr. Clark, No. 204 Hanover street, Boston, attended the well-known case where an inebriate, in the presence of his wife and one or two others, took near half an ounce of arsenic. He was made to vomit freely from the poison and the remedies. Took freely of hydrated peroxid of iron, but died in six or eight hours. Only three or four grains weight of arsenic was found in his stomach after death. Although the half ounce was taken in substance, only one or two minute particles (not half a grain) were found in substance; it was dissolved and suspended in six or eight ounces of liquid, which was all the stomach contained. The examination was made twenty-four hours after death. The stomach was highly inflamed and ecchymosed, the spots resembling those of the tiger lilly.

Geo. T. Kinney died in the summer of 1840, after sixteen or eighteen hours' severe purging and vomiting. The post-mortem was made four or five hours after death; the stomach inflamed *highly*, and ecchymosed in patches. The fluid contents, amounting to about a pint, contained in solution ten grains of arsenic; the intestines contained nothing, and were as clean as if just washed out. The only suspicious articles he was known to have taken were, 1st, pills from Dr. Batchelder for secondary syphilis, which he is reported to have taken for five days previous to death. In the Hospital St. Louis, Paris, where arsenic is given occasionally for diseases of the skin, it is increased gradually, when necessary, to the amount of one quarter of a grain at a dose, when it soon has to be laid aside from the fever it excites, and the paralysis of the extensor muscles of the hand which it induces. If Dr. B. gave him one grain a day, which is a very improbable amount, we then have but five grains. The other suspicious article was, 2d, a bowl of sage tea, about eight hours previous to death, in the bottom of which, as the last of it was drank off, a white sediment was perceptible.

As it is at present unknown how the arsenic came in his stomach, except from circumstantial or presumptive evidence, we are therefore not called upon to decide whether it should be set down as accidental poisoning, suicide or murder; but if we look at what we do know in this case, and compare it with what we know in these other cases reported above, we shall see that among all these thirty-five cases of poisoning, there is but one case where so large an amount of arsenic was found after death, and that is the case of Mrs. Clara Ann Smith, where the poison was supposed to be mixed up with the gruel, and she died in less than eight hours after. In the case of suicide at the north part of the city, the man took about half an ounce of arsenic, died in eight hours, and only three or four grains were found in his stomach. Dr. Clark informs us that the same man attempted his life once before, and took about two drachms of arsenic, but Dr. C. succeeded in saving his life. The girl who took forty grains lived fifteen hours, and only a few grains were found in her stomach. The other, who took an ounce, and lived seventeen hours, got rid of all her arsenic, as not a trace of it could be detected. The other suicide, who also took an ounce, lived but nine hours, and it is not mentioned that

any was found in the stomach. The man who had cancer of the tongue and died in St. George's, had discontinued the medicine six days previous to death; consequently not a trace of it could have been detected in his system, should it have been attempted, although the traces of inflammation remained in the stomach after death. Christison records a case where a man eat the arsenic in lumps, about three drachms, and died in six hours; half a drachm was found in the stomach after death. In those cases where ten or more grains are found in the stomach after death, the presumption is, that the fatal dose was large and preceded death but six or eight hours. Three drachms to an ounce would be considered large; forty grains a small quantity, and death would more slowly follow; thirty grains in substance is the smallest quantity Christison has known to produce death in an adult. But if administered in solution, a smaller dose will be fatal, from six to twelve hours.

In the twenty-five cases of accidental poisoning, five died and twenty recovered. The largest fatal dose is not recorded; the smallest was one hundred and fifty drops of Fowler's mineral solution; but this was a very unpropitious subject. We have known a female to take one hundred and eighty drops in three days; it produced active vomiting and purging, with severe colicky pain, continuing thirty-six hours, when it subsided; it was *not* attended with thirst, or burning heat in the throat, and the patient was soon well. The quantity was much too large; it was given for disease of the uterus.

The discovery by M. Bunsen, 1835, in Germany, that the per or tri-toxid of iron was an antidote, has caused quite a diminution of the deaths which were formerly recorded from arsenic. The hydrated peroxid is now used, and is easily made; in default of that, the common carbonate of iron, a teaspoonful in an ounce of chalk mixture, given every three or five minutes, has in some cases succeeded admirably—especially if the dose does not much exceed a drachm of arsenic, and is taken on a full stomach. Seventeen of the cases were so treated, and successfully; a few in England, and the rest on the Continent. But if the dose is large and the stomach empty, or the arsenic is in solution, nothing can save them. So rapid are its effects that M. Orfila lately, in one of the amphitheatres of the Faculty of Medicine, before the members of a committee of the Academy, and a numerous audience, at one sitting, introduced a number of dogs and poisoned several of them in their presence, some by introducing it into the stomach, in others by inserting it under the skin in the cellular tissue; the latter method was the most rapidly fatal. While the poison was being absorbed, he explained the manner he intended to prove the positions set forth in the programme distributed to the audience. He stated that the poison is rapidly absorbed and mingles with the blood, and is thus carried through all the organs of the body; that the poison remains a certain time in the substance of the different viscera and of the muscles, where its existence can be demonstrated by chemical process; but that from the time of poisoning, a portion of that which has been absorbed leaves these tissues, and is eliminated by the urinary secretion. He then proceeded to prove the statements made in the programme: we will record two of them only.

1st. The urine of the *dogs poisoned*, yielded, when submitted to Marsh's apparatus, distinct traces of the metallic salt. The urine of the dogs not poisoned, yielded no trace when submitted to the same experiments.

2d. A small portion of the liver of the poisoned animals having been previously charred with nitric acid, and the residue introduced into the apparatus, yielded numerous spots of arsenic; while the entire liver, spleen and heart of a dog not poisoned, but killed by hanging, on being submitted to the same chemical treatment, did not exhibit any trace of the metal.

Yours,

T.

SUBCONJUNCTIVAL METHOD OF OPERATING FOR STRABISMUS,
WITH CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a recent communication in the Medical Journal, I alluded to the subconjunctival method of operating for strabismus, introduced by M. Guérin, of Paris. At the suggestion of Dr. John C. Warren and others, I have given this method a trial in two cases, and in another instance I have seen it applied with entire success, in a case of much interest and importance, by Dr. J. Mason Warren.

The subconjunctival mode possesses, in my opinion, strong claims to a more extended trial, and I should be happy if this imperfect notice should have any influence in directing to it the attention of the profession. In doing this operation, it is particularly desirable that the patient should have considerable firmness of character, and a good degree of control over the motions of the eyeball. In the cases which have been operated upon according to Guérin's mode, there appears to be little or none of that unpleasant gaping or preternatural space at the internal canthus, which disfigures, in some instances, the aspect of those who have undergone the usual operation with the blunt hook and scissors. If, as I have supposed, this gaping occurs from a retraction or shrinking of the semilunar fold and adjacent cellular membrane, favored, perhaps, by a too free division of the parts which connect the front part of the globe with the fold and caruncle, it will be reasonable to suppose that the subconjunctival operation will obviate, or at least diminish, the difficulty. Even if it is occasioned by an increased prominence or protrusion of the globe—the effect of the combined action of the oblique muscles, the opposing or restraining force of one of the recti being abolished—may it not be possible that the preservation of the tunica conjunctiva, with some portion of the subjacent cellular membrane, may tend to lessen the deformity referred to?

Another advantage resulting from this mode, and one which it has in common with subcutaneous operations, though in a less marked degree, is the diminished risk of inflammation, and the impossibility of suppuration, from the absence of an open wound after the operation, the patient being able to go abroad in a short time without inconvenience or fear of injury.

On the other hand, it may be objected to Guérin's operation, that the

operator can never feel certain that he has accomplished the object in view, viz., the section of the muscle or tendon in fault; secondly, that the use of the double hook to confine the eye, causes much pain and increases the probability of inflammation; and thirdly, that it is followed by extensive ecchymosis, which affects not only the cellular tissue beneath the conjunctiva, but also, in some instances, the same texture in the lids. With respect to the uncertainty of the division of the tendon, we have in proof of its being effected, the evidence of the patient's inability to turn inward the eye operated upon, beyond or much beyond the median line; and the perfect correspondence of the two eyes in regard to position, when an operation has been performed for strabismus affecting one eye only. Experience, and a certain tact derived from the habit of operating, may afford to some operators additional evidence that the muscle has been divided. Extensive ecchymosis may occur in whatever mode the operation may be done, and is unworthy of notice, excepting as a temporary blemish on the patient's looks.

The details of M. Guérin's operation, kindly furnished me by S. Cabot, Jr., M.D., are as follows: The patient lying on a bed or sofa, with his head slightly elevated, both eyelids are separated by an assistant; the operator now fixes, with his left hand, the double hook (so constructed that the points or prongs are nearly at a right angle with the shaft) into the sclerotic, about two lines from the internal margin of the cornea, and everts the eye and keeps it steady; a second assistant raises, with a fine hook, a fold of the conjunctiva, half way between the cornea and semilunar fold, and the operator, with a common eye-scalpel, makes an opening through that membrane on a line with the inferior margin of the muscle, carrying the point backward or towards the orbit, and endeavors to open or puncture the investing sheath or fascia; then substituting for the straight knife, one adapted to the peculiar mode of the operation, he passes it beneath the conjunctiva, with the side of the blade pressed nearly flat upon the sclerótica, and the handle of the instrument being gradually depressed, insinuates it under the tendon; then turning the cutting edge forward and inward, he divides the tendon, already made tense by the everting of the globe. When the division takes place, under these circumstances, a crackling or snapping sound is plainly heard, as in the operation for the division of the tendons in other parts, and an ecchymosis more or less extensive instantly succeeds. If both eyes now become straight, and more especially if the patient is unable to turn the eye operated upon inward much beyond the median line, the section may be considered as completed. Of the knives used by M. Guérin, it is not in my power to give any satisfactory description. They may be had of George Tieman, surgeons' instrument maker, Chatham street, New York, and of Mr. Phelps in this city.

CASE I.—J. Q. Hammond, of Nahant, æt. 24, has double, or rather alternating convergent strabismus, which is supposed to have existed from birth; no other member of the family, however, being affected with the same deformity. The power of vision in each eye is nearly the same, and the obliquity can be made to alternate from one eye to the other at the will of the patient, who by this means relieves either organ when fa-

tigued by exertion. For the most part he has made use of the right eye, the opposite one being then very much inverted; but when his attention is not closely fixed upon any object, there appears to be also a slight inversion of the right eye. In looking at any person or object placed at either side, Mr. H. invariably makes use of the eye farthest from the object. The irides are of a blue color, and the state of the pupil and the motions of either eye singly, are normal.

August 22d, 1841. Assisted by Dr. Wigglesworth, I performed the subconjunctival operation for the division of the internal rectus muscle of the left eye. I varied from the rules described above, by making the opening through the conjunctiva myself and before fixing the eye with the double hook, as Dr. W. was occupied in separating the lids, and I also passed a curved probe under the tendon before introducing Guérin's knife. Upon dividing the tendon, a crackling or snapping noise was distinctly heard both by those engaged in the operation and by the patient. Considerable hemorrhage took place from the incision, with instant ecchymosis. The patient being requested to turn the eye inward, could effect this motion a little beyond the median line only. Both eyes being unclosed, the left was straight, while the right was slightly inverted. He was directed to apply a compress wet with iced water, and to take an active cathartic. Eight hours after the operation, the patient states that he has remained free from pain. There has been some hemorrhage.

23d. Left eye quite straight; ecchymosis is considerable, and the incision through the conjunctiva is closed apparently with cellular membrane and coagulated blood. Has had no pain or inconvenience, excepting upon moving the eyes suddenly. Looking with both eyes, causes some giddiness. May close the right eye, and use the other alone.

4th day. Left eye is doing well, and he can now turn the globe inward decidedly beyond the median line. The patient was directed to *practise turning the eye operated upon, towards the internal canthus for a certain space of time each day, until he should regain, so far as is possible, the power of motion in that direction*, of which the eye was deprived by the division of the tendon. He has no longer any giddiness, and has both eyes unclosed.

7th day. The patient has carefully followed the directions prescribed at the last visit, and *can now turn the eye well into the inner canthus*. The ecchymosis is diminishing rapidly, and he is now able to return to his business.

16th day. The ecchymosis has disappeared, and the direction of the eye continues perfect. A small tumor, attached by a pedicle, has grown from the aperture of the conjunctiva; this was removed with scissors, and did not return.

Sept. 22d. The left eye presents a scarcely perceptible protrusion or increased fulness of the globe, compared with its state previous to the operation, but there is little or none of that gaping appearance at the internal canthus, which usually occurs after the common mode of operating. This eye is now perfectly straight, and *retains the power of being moved in all directions natural to the organ*. Since the operation, Mr. Hammond informs me that he has used the eye operated upon in preference

to the other, in consequence of the increased facility of its motions. He proposes, at a future period, to have the operation performed upon the right eye, which still remains somewhat inverted.

CASE II.—Miss L. L., Taunton, æt. 20, has had, from infancy, in consequence of convulsions, strabismus convergens of the right eye. The obliquity in this case is not extreme, but is sufficient to affect the looks decidedly, and to cause also an imperfection of vision in the strabismic eye. The eye affected cannot be turned outward so far as is natural in the sound organ, and the pupil, when the other eye is closed, is preternaturally dilated. The irides are of a hazel color, and the eyeballs are well formed.

Sept. 7th. Assisted by Drs. J. M. Warren and S. Cabot, Jr., I divided the internal rectus muscle of the right eye, the steps of the operation being the same as in Case I. But finding, upon withdrawing the knife, that the patient possessed still the power of turning the ball inward much beyond the median line or centre of the orbit, the knife was introduced a second time, and a more complete section of the muscle and cellular membrane was effected. Both eyes being unclosed, the eye operated upon was found to be in the centre of the orbit, as well as its fellow, and no exertion of the patient could move it at all inward; while at the same time the motion outward was perfectly restored. The cellular tissue at the internal canthus was engorged directly with blood effused from the divided muscle, and presented a livid-colored tumor or swelling, which extended to the inner margin of the cornea. Compresses wet with cold water were applied upon the eye, and repose in a darkened room was advised.

8th. Both eyes are straight, and there is no pain nor any appearance of inflammation.

10th. The right eye is now somewhat inclined outward, when the sound eye is directed forward, having been hitherto, since the operation, in a correct position. The patient was enjoined *to practise turning the eye operated upon strongly inward*, the motions of the sound eye being controlled for the time being by pressure with the hand or with a compress and bandage.

14th. Looking with the sound eye forward, the eye is now in the centre of the orbit, and the patient can turn it inward to half way between the centre and the internal canthus. May continue to exercise the eye as directed on the 10th.

As Miss L. returned to the country on the day of the last visit, I am unable to state anything respecting the present appearances of the eye, but I have little doubt of the final result being favorable in her case.

Boston, Sept. 24th, 1841.

Yours with respect,
EDW. J. DAVENPORT.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 6, 1841.

ANONYMOUS CRITICISMS ON MEDICAL PRACTICE.

WE frequently get misled or imposed upon by false intelligence. Individuals sometimes relate to us as truths, with becoming sincerity, things that really have but little foundation in fact, but enlarged and magnified in importance by the vivid representations of those who seem to think they are conferring favors by being tale-bearers for the public in general. These remarks are elicited by a recollection of the manner in which we were duped, a while since, in listening to the representations of an individual who was presumed to be a gentleman, in relation to the report of the case of the late President Harrison. Having ascertained that envy or malice, if not both, prompted whatever may have been said to the disadvantage of the author of that paper, we take the earliest opportunity to express our regret at having in any way been instrumental in injuring his feelings or those of his friends, if such was the effect of our remarks in the Journal of August 18, which was never in any way intended. It was not our intention in those observations to rebuke the author, for whom we entertain the most perfect respect as a gentleman and physician. We shall hereafter refuse to admit criticisms on the practice of any physician, which have not the writers' names appended.

As an act of justice, we copy the following paragraph from the Philadelphia Medical Examiner, in which publication, it will be recollected, the report first appeared.

"As to the first charge or insinuation, we would state that the report was sent by Dr. Miller directly to us, and was not even altered to the degree which is perfectly justifiable without interfering with the tenure of the article. It was not touched, except some insignificant verbal changes, which every proof-reader feels himself bound to make. The report carries with it internal evidence of not being got up; it was evidently not originally intended for publication, but was merely printed after its publication had been asked for. As to the implied statement that the prescriptions were altered by the author, his character and that of the consulting physicians is more than sufficient to shield them from insinuations of so contemptible a nature."

Medical Lectures in Boston.—On the first Wednesday in November, the lectures at the College in Mason street will commence. It is almost unnecessary to direct the attention of students to this Institution, now so well and extensively known over the United States. It seems impossible that medical instruction could be given by men more learned in their several departments, than the gentlemen whose names are to be found in the circular and annual advertisement. For clinical advantages and anatomical pursuits, surely no place can offer higher inducements, nor can students graduate from any university with a better badge of literary and scientific merit, than is conferred by Harvard University—the oldest College on the Continent of America.

New York University Dispensary.—It was somewhere announced, the other day, yet we hardly know on what authority, that the surgeons of the Dispensary, which has made such a figure in the New York papers, do not wish any more of those exciting reports to be made, which have been so currently circulating all over the Union of late.

When speaking of this same Dispensary, in the Journal, a little time since, we intended to be understood as strictly having reference to *dispensaries*, and not to *hospitals*—for we contemplate them as entirely different in their objects and character. The one is a home for the sick—the other is but a caravansary, where the patient may stop from necessity, till the storm, that obliged him to seek a temporary shelter, has passed over.

Kemper College.—At St. Louis, Missouri, a medical school has grown into public favor within two years, which seems destined, ultimately, from its location, aside from the merits of the faculty, to become an important institution. There are five chairs, ably filled. Dr. McDowell, the anatomist, formerly of Cincinnati, teaches anatomy and surgery. Dr. De Wolf, formerly of Brown University, is the professor of chemistry and pharmacy. Drs. John S. Moore, R. F. Barrell, and Wm. C. Lane, all eminent in their several departments, belong to the board of instruction. Lectures commence the first Monday in November, and end in February. There are two dissecting rooms, forty-two feet long, by thirteen wide, quite after the Parisian order. We wish the school all possible success.

Explanation of being Left-handed.—From some observations made by Dr. J. R. Buchanan, of Little Rock, Arkansas, reported in the American Phrenological Journal, it appears that if a person is left-handed, the fact may be pretty certainly ascertained by the inequality in the size of the right and left hemispheres of the brain, as exhibited in the conformation of the skull. By analyzing the skull of William Morgan, who was executed for the murder of a man by the name of Pelton, all the circumstances of which were unknown to Dr. Buchanan, he distinctly said that "in this skull we find, by the developments, that the process of thought was carried on most vigorously in the right hemisphere of the brain; that the left eye was more vigorous than the right, and the left ear a little superior to the right. As to his arms, we are not able to assert positively that he was left-handed, but at least it is certain that he had unusual vigor and dexterity in the use of the left hand, as much as the majority of persons have in the right." It was well established that Morgan always took aim with the left eye, and fired a gun with the left hand, and became left-handed in consequence of always supporting a crutch with the right hand, while the other was at liberty to be used.

Iodine in Consumption.—We occasionally observe, in the English journals, notices of the successful treatment of phthisis, or that which passes under the name of phthisis, by the inhalation of iodine. The following is one of them, and is related in the Lancet by Dr. J. Wilson, of London.

"I was requested to see Edward Jones, Moore street, Bryanston square, in February last, who I was told was in the last stage of consumption; and certainly I never saw a case more strongly to justify such a conclu-

sion; by trade a baker; he had the pallid cast of countenance peculiar to that class; of a plethoric habit of body, but then considerably emaciated. I found he had been ailing for some months, and had tried various remedies from dispensaries, and otherwise, without effect; and on examination I considered his case quite hopeless. The symptoms indicated a high degree of hectic fever; pulse 120, and upwards; animal heat 102; dyspnoea so oppressive that he could not lie in the recumbent position, but was obliged to rest in a semi-inclined posture, in an arm-chair, all night; night-sweats excessive; feet œdematous; face much bloated, and countenance expressive of extreme agony, through fear of immediate suffocation; expectoration of puriform matter tinged with blood, upwards of two pints daily. By auscultation and percussion pulmonary ulceration was well marked; pectoriloquy cavernous; respiration in the superior lobe of the right lung was distinct, and on applying the cylinder over the middle portion the respiration was bronchial, but less so towards the inferior lobe. The left lung was not so much diseased, the clavicular region only being affected, which was shown by dullness on percussion, and a want of the natural respiratory murmur. The rest of the lung was sound, with puerile respiration. From the above facts, I placed my sole confidence in inhalation and counter-irritation to give relief. Having by me some of the saturated tinctures of conium and iodine, prepared by Mr. Carter, of Dorset street, Surgeon to the Institution for Asthma and Consumption, I commenced inhalation in small quantities, increasing the strength as the patient could bear it. The effect, after a week's trial, was most gratifying; the pain and irritation in the chest had considerably subsided, and he was now enabled to enjoy some tranquil sleep, which was unknown to him for many weeks before. He persevered unremittingly for eleven weeks, and by that time nearly all the symptoms I have enumerated had gradually subsided. From the onset he expressed the utmost hopes and confidence in the remedy, and I am now happy to say is enabled to return to his work. When able to take it, he was ordered a light nutritious diet, with beer, and the avoidance of all slops."

Division of Muscles for the Cure of Stammering.—As this operation is exciting considerable attention in this country as well as in Europe, we copy the following case, which purports to have been a successful one, as related by Dr. A. J. Lizars, of Edinburgh.

"P. M., aged 35, had stammered from his infancy. The difficulty was evidently caused by spasmodic contraction of the muscles of the tongue and neck. The tongue, upon examination, was found to be shorter than natural.

"The instruments employed were a straight sharp-pointed bistoury; a curved probe-pointed bistoury, with the cutting edge about an inch long, the remainder of the blade being blunt; a four-headed sling, or roller; and a compress of lint.

"The patient having been placed in the sitting posture, with the sharp-pointed bistoury I made a puncture, rather less than a quarter of an inch in length, through the integuments of the lower part of the chin, about an inch posterior to the symphysis. I then pushed the curved bistoury gently upward and a little forward, until I saw its probe elevating the mucous membrane of the floor of the mouth; placing the forefinger of my left hand upon the probe-point and mucous membrane, I turned the

cutting edge of the instrument to the right, and divided the muscle of that side; the bistoury was then carefully brought back to the mesial line, and the other muscle having been divided in a similar manner, the instrument was withdrawn. The compress of lint was then placed on the wound, and the four-headed sling applied in the same way as is done for fracture of the lower jaw.

"Very little blood was lost during the operation; and after its completion the hæmorrhage was entirely stopped by the compress and bandage. Everything went on favorably; the bandage was removed on the third day, by which time the wound had healed; and the patient resumed his usual occupation on the fourth day.

"Immediately after the operation the patient experienced no difficulty in speaking, and the same has continued since. Upon examining the mouth after removing the bandage, blood was observed beneath the mucous membrane in the line of the submaxillary ducts; this was absorbed by the tenth day, and the patient was completely cured."

Morbid Anatomy of Milk-sickness. By DR. J. V. WAGMAN, of New Castle, Ind.—The dissection was made fifteen hours after death. The body was not much emaciated. The skin had a dusky yellow hue. The brain and its membranes exhibited nothing remarkable, except perhaps more than the usual quantity of serum in the ventricles. The stomach presented a number of patches of light brown and scarlet colors mixed. In some places the mucous membrane was thickened and soft. The pyloric orifice was of a scarlet hue. The mucous membrane of the duodenum presented the same kind of patches with that of the stomach; and some parts were dry. The bowel itself, as well as the lower part of the stomach, was much contracted. The other small intestines were pale; the mucous membrane was softened, many portions of it were dry; the glands of Peyer and Brunner were swollen and soft, and some of them appeared to be ulcerated. The cæcum was dry. The colon contained hardened fæces, on which it contracted closely; was drier than other portion of the tube; its color was a dark brown, with rose-colored patches. The liver was of a dark color and seemed unusually friable under pressure by the fingers; the gall-bladder was much distended with a black pitchy bile. The pancreas was of a rose color and appeared rather soft. The spleen was much enlarged, of a deep brown color, and very soft. The peritoneum had reddish spots, and there was some increased effusion into its cavity. The kidneys, bladder, heart and lungs were sound.—*Western Journal of Medicine and Surgery.*

Medical Degrees in Harvard University.—The medical degree was conferred during the last academic year, in Harvard University, on Henry Jacob Bigelow, A.M., *Comparative Anatomy of the Respiratory Organs.*

Samuel Hutchins, *Nutrition.*

Jos. Dean Nichols, A.M., *Dysmenorrhæa.*

Samuel Trull, A.M., *Pneumonia.*

John Francis Tuckerman, A.M., *Acute Pericarditis.*

Samuel Leonard Abbot, Jr., A.M., *Organs of Circulation.*

Wm. Augustus Briggs, A.M., *Dislocations.*

Otis Everett French, *Amputation.*

Charles Francis Foster, A.M., *Strabismus*.
 William Wallace Morland, A.M., *Perforation of Intestines in Typhoid Fever*.
 William Thornton Parker, A.M., *Vitality*.
 Erastus Otis Phinney, A.M., *Phthisis Pulmonalis*.
 William Henry Prince, A.B., *Scrofula*.
 Ira Sampson, A.B., *Dysentery*.
 Henry Stone, A.M., *Strabismus*.
 Henry Ware Wales, A.M., *Progress of the Heart*.

W. CHANNING, Dean.

MARRIED.—In this city, Charles F. Foster, M.D., to Miss Emma Bradford.—At Lancaster, William W. Wellington, M.D., of Cambridge, Mass., to Miss Elizabeth L. Carter.—At Gorham, Me., Dr. N. W. Oliver, of Boston, to Miss A. M. Shaw.—At Hillsborough, N. C., Dr. John Swan, of Pittsborough, to Miss Frances Waddell.

DIED.—At Sanbornton, N. H., Dr. Benaiah Sanborn, 84.—At Nantucket, Mass., Dr. T. M. Morton, Collector of the Port, 58.—At Apalachicola, Dr. Martyn Snyder, a native of New York.

Number of deaths in Boston for the week ending October 2, 36.—Males, 21; Females, 15. Stillborn, 8. Of consumption, 6—dysentery, 2—gastritis, 1—dropsy, 2—delirium tremens, 1—bowel complaint, 2—stoppage in the bowels, 1—mortification, 1—liver complaint, 1—canker in the bowels, 1—fits, 2—typhus fever, 1—suicide, 1—dropsy on the brain, 1—dropsy in the head, 1—lung fever, 1—canker, 1—bilious colic, 1—diarrhea, 2—child-bed, 2—inflammation of the lungs, 1—cholera morbus, 1—teething, 1—cholera infantum, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street. GEORGE W. OTIS, JR.
 S. 22—tm Recording Secretary.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8—eoptf.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
 JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.
 T. ROMEYN BECK, M.D., Prof. Materia Medica.
 EDNEZER EMMONS, M.D., Prof. Obstetrics and Natural History.
 LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
 JAMES H. ARMSBY, M.D., Prof. Anatomy.
 THOMAS HUN, M.D., Prof. Institutes of Medicine.
 AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., President of Faculty.
 J. H. ARMSBY, M.D., Registrar.

ABDOMINAL SUPPORTERS.

DR. HAYNES's Instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-houses, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, post-paid.

Jy 14—4m

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

Session 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing :—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	ROBERT H. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
" on Surgery, by	Drs. GIBSON and HORNER

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 25—tDec1

Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSS, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - -	DR. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by - -	DR. CHANNING, 10.00
Materia Medica, by - - - -	DR. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by - -	DR. HAYWARD, 10.00
Chemistry, by - - - -	DR. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by - -	DRS. WARE AND BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

 $s \text{ 1-ept N}$

WALTER CHANNING, Dean.

THE BALTIMORE COLLEGE OF DENTAL SURGERY

THE SECOND SESSION of this Institution will commence on the first Monday of November next. The faculty is constituted as follows :

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A25-1N THOS. E. BOND, JR., Dean.

A25—tN

THOS. E. BOND, JR., Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.